Oral Health Initiative

Maximizing Soldier Health

Brief for: Dental Constituent Society

What is the Oral Health Initiative?

A Department of Defense initiative

- The goal of the program is to finish the treatment plans of Soldiers who need routine dental care
  - The Army is unable to complete the treatment plans of many soldiers since we have been focusing on the emergent needs of deploying Soldiers
  - PSC (Private Sector Care) is one component of OHI.

Participating Dentists

- All Dentists in this geographic location have the opportunity to participate
- If you agree to participate, your name will be placed on a list
- Your participation is voluntary, but solicited.

Oral Health

Referral/Treatment/Payment Process

- **The clinic will determine if treatment needs make a Soldier a candidate for referral to the PSC network.**
- **Soldiers must agree to be referred. This is purely voluntary for the Soldier.**
- **The Soldier will select a dentist/dental office based on geographic location to their home or place of work, specific request (TDP), availability of appointment, or random selection.**

Referral/Treatment/Payment Process

- The DENTAC clinic will call to schedule the appointment with the dental office.
- The DENTAC clinic will prepare a voucher that will function as a treatment prescription.
  - Designates the procedure by CDT code
    - Material to be used (Am/composite)
    - Tooth number
  - Only those treatments “prescribed” on the voucher will be reimbursed.
- Soldier signs the voucher.

Referral/Treatment/Payment Process

- **Some intra-procedure modification to tx is authorized. Statement on voucher:**
  - **"For restorative treatment, based on clinical findings and professional inter-treatment judgment, alterations of up to two additional surfaces to be restored may be made to the treatment plan, without approval of the referring Army dental officer. After completing treatment, make such notations in the space for provider's comments. Variations in treatment that exceed the scope of two additional surfaces will require a modified treatment voucher, and authorization from the Dental Activity POC to proceed with treatment."**

Referral/Treatment/Payment Process

- **Voucher will be Faxed to the dental office.**
  - **For restorative tx plans, required radiographs will be prescribed.**
- **Voucher will be valid for 45 days.**
- **Treatment only authorized for <u>AD Soldiers</u>.**
  - **Clinic will attempt to verify status for full term of the voucher. (Soldier not leaving the service.)**

Referral/Treatment/Payment Process

- Soldier presents to referred dental office for treatment
- Prescribed treatment is completed.
- Dental office completes voucher (procedure and fee/Soldier signature/Dr signature) and Faxes the completed voucher to CDA.
- 603A (tx record) faxed back to referring DENTAC clinic for inclusion in Soldier's record.
- CDA scans voucher and submits electronically to MMSO.
- MMSO pays dentist, usually within 30 days.

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Additional information

- **PRESCRIPTIVE CARE ONLY-tooth #, procedure code and material (Am/Comp)**
- **Some leeway for intraoperative change in necessary tx (↑ # surfaces), but limited**
- **Soldier is not authorized to change prescribed treatment, only DENTAC referring dentist. Changes require a new voucher to be generated.**
- **Payment at usual customary and reasonable fee rate. EFT payment procedure available.**
- **Most care will be simple/minimal tx plans to complete Soldier treatment plan → class 1.**

Oral Health

Additional information

- No examination fee will be authorized; it will not be included on the voucher.
- Simple treatment plans - goal of the program.
  - Prophy
  - 1-2 restorations
  - Single crowns
- Will probably utilize OHI PSC network to provide Class 3 treatment upon Soldier's redeployment.
  - Simple oral surgery
  - 3rd molar extraction (IV sedation)
  - Endo

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UNAUTHORIZED PROCEDURES

- ORTHODONTICS
- IMPLANTS
- VENEERS
- BLEACHING
- PROSTHODONTIC REHABILITATIONS

OHI VOUCHER

1. Voucher Information

Voucher ID: 051891-1-0 DENTAC: FT Campbell
Expiration: 7/18/2006
Created: 6/3/2006
Modified: 6/3/2006
Date Completed: N/A

Oral Health

ORAL HEALTH INITIATIVE
U.S. ARMY DENTAL COMMAND *"Maximizing Soldier Oral Health"*

2. Soldier Information

Name: MCDONALD MARK N
Social Security No.: 214-70-1118
Date of Birth: 7/18/1955
Unit: FT CAMPBELL-TAYLOR DENTAL CLINIC:DENTAC
Phone: 798-8751
E-mail: markn.mcdonald@us.army.mil

3. Soldier Signature

I hereby acknowledge that I do not have the authority to obligate the U.S. Government to any unrelated charges outside of those prescribed in Box 7 below, and that I have a minimum of 90 days left on AD, to complete all treatment prior to ETS/Retirement.

_____ Date ___/___/_____

4. Instructions For Soldier

1. Take this form to the civilian provider listed in **Box No.8 "Civilian Provider Information"**.
2. If you need to change or cancel the appointment, **contact the civilian provider directly.**
3. Upon completion of treatment, acknowledge the following with signature: **I have received treatment in accordance to the authorized treatment plan.**

_____ Date ___/___/_____

5. DOD Provider Information

For changes or adjustments to listed treatment or questions contact:

CPT ZAREMBA JOSEPH PAUL
Telephone: 798-5429
Taylor Dental Clinic
FT Campbell

6. DOD Provider Stamp/Signature

_____ Date ___/___/_____

214-70-1118

OHI VOUCHER

7. Treatment Authorized

Tx Plan	Tooth(s)	Procedure	Surface	Complete	Fee
1	18	D1110 - PROPHYLAXIS-ADULT		Y / N	$
2				Y / N	$
3				Y / N	$
4				Y / N	$
5				Y / N	$
6				Y / N	$
7				Y / N	$
Treatment resulting in Readiness Class 1				Total:	$

Civilian Provider Comments: (See Page 2. for Civilian Provider Instructions.)

0 5 1 8 9 1 - 1

8. Civilian Provider Information

Appointment Date: 06/1/2006
Appointment Time: 10:00 AM
TIN:
Dr Soluti, Abdullah Mir DDS (Endo)
Phone: 202-363-0088
5100 Wisconsin Ave. NW Suite 309
Washington
DC, 20016

9. Civilian Provider Stamp/Signature

_____ Date ___/___/_____

10. Instructions for Civilian Provider

Fax completed voucher to:
(210) 295-0955
within 7 days of completed care.

Upon receipt, the form will be forwarded and processed for payment by:
Military Medical Support Office
Customer Service: (210) 295-0941
Ref:051891-1-0

Information provided on this form is subject to the Privacy Act of 1974 and current HIPAA regulations

OHI VOUCHER

Note: As a participant in the U.S. Army Oral Health Initiative (OHI),
you are authorized to provide treatment limited to the procedure codes outlined above.

For restorative treatment, based on clinical findings and professional inter-treatment judgment, alterations of up to two additional surfaces to be restored may be made to the treatment plan, without approval of the referring Army dental officer. After completing treatment, make such notations in the space for provider's comments. Variations in treatment that exceed the scope of two additional surfaces will require a modified treatment voucher, and authorization from the Dental Activity POC to proceed with treatment.

1. Circle Y or N to indicate completion of treatment plan.
2. Enter Fee for each completed step.
3. Fax this document to number listed in Box No. 10

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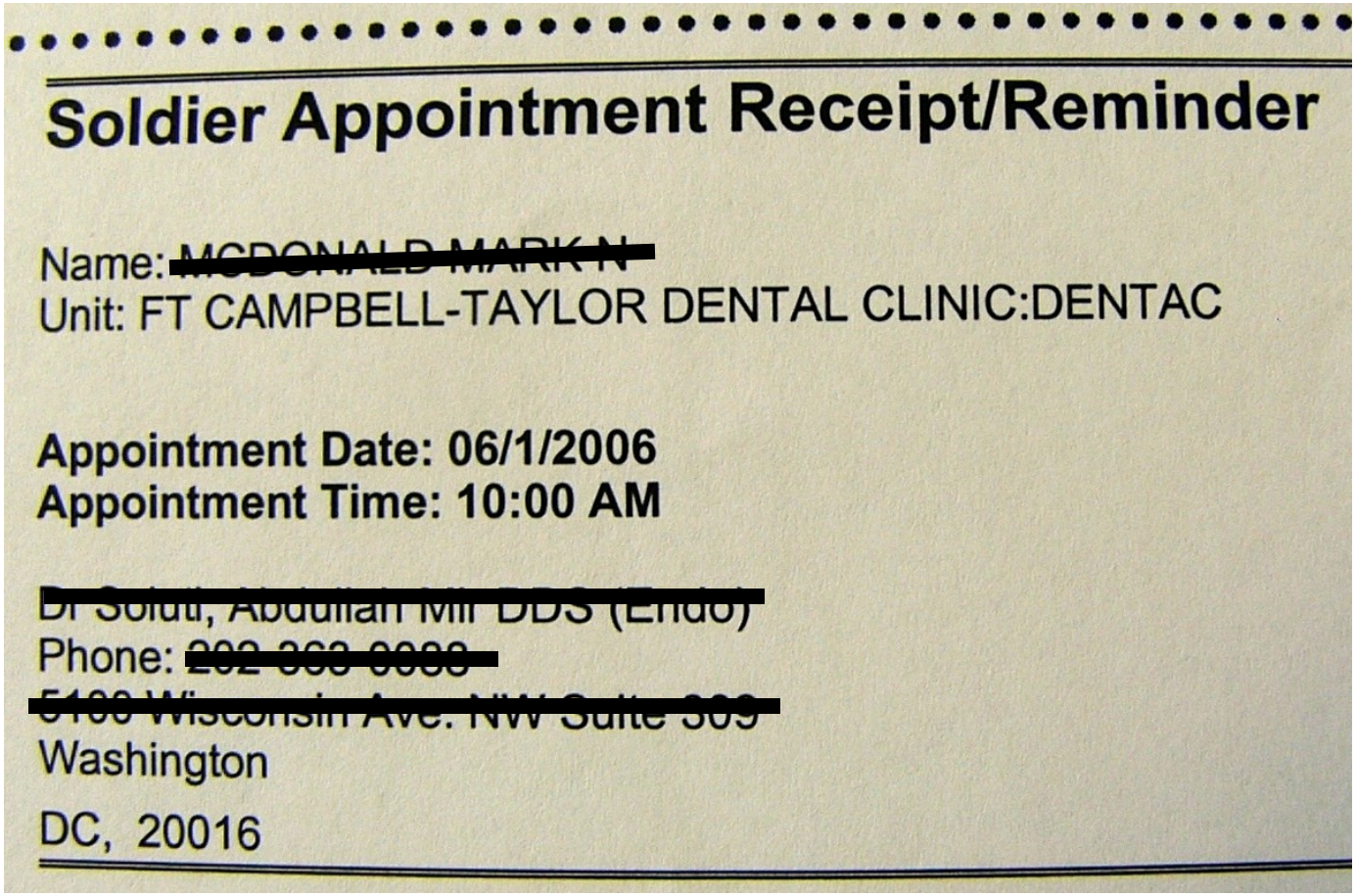
OHI VOUCHER



Soldier Appointment Receipt/Reminder

Name: [redacted]
Unit: FT CAMPBELL-TAYLOR DENTAL CLINIC:DENTAC

Appointment Date: 06/1/2006
Appointment Time: 10:00 AM

[redacted]
Phone: [redacted]
[redacted]
Washington

DC, 20016

Advantages for your Practice

- Opportunity to ‘partner’ with the local post and help us improve the oral health of our force
- Fill in gaps in your patient schedule
- Receive timely payment for services rendered
- We appreciate everyone who volunteers to participate, but we want to be clear that ***(by law) the military (Soldier or OHI PSC program) cannot pay for missed appointments or late cancellations***

Oral Health

"MOONLIGHTING" ARMY DENTISTS

- **MEDCOM Regulation [600-3, para 6(j)] states that dentists who moonlight may not treat active duty Soldiers while moonlighting.**
- **Dentists who moonlight may not refer to the dental practice they are associated with.**
- **Commands responsibility, but it is in your interest to monitor also.**

Required Information to be added to Provider Network

- **Dentist/Practice Name**
- **Office Address**
- **Office Phone #**
- **Office FAX #**
- ***TIN-(corporate or individual)*****
- **Email address**
- **Point of Contact-name(s) (if beneficial)**
- **Special info (closed Fridays/appt backlog)**
- **Scope of practice procedures or limited to…..**
- **Map or directions to office**
  - **(prefer digitized document- optional)**

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DENTAC WEB PAGE

- **All current and future information concerning the OHI PCS program will be posted on the Fort Campbell DENTAC web page:**

  http://www.campbell.amedd.army.mil/dentac.shtml

- **Notifications of additional info or web site postings will be by email (not phone or snail mail)**
- **DENTAC will have POC info on web page (phone and email link)**

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Implementation Process

- ✓ ***Letters to all dentists in the area-May 06.***
- ✓ ***Town Hall meeting-info/Q&A/"process"/ timeline for payment 8 Jun 06***
- **Enrollment of providers- Jun 06 & beyond**
- **Initial implementation (work out processes) Jul-Aug 06**
- **Full implementation: Oct 06**

QUESTIONS?

THANK YOU!